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U.S. Department of Commerce  
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# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

Declaration OR  Declaration  
 Submitted Submitted after  
 with Initial Filing Initial Filing

Attorney Docket Number 98-1130

First Named Inventor	Barbara Boller
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**COMPLETE IF KNOWN**

Application Number	09/369,758
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Filing Date	08/06/99
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Group Art Unit	2859
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Examiner Name	
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As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

EXTERNAL GAUGE FOR LIQUOR INVENTORY CONTROL

(Title of the Invention)

the specification of which

is attached hereto  
 OR

was filed on (MM/DD/YYYY)

08/06/1999

as United States Application Number or PCT International

Application Number

09/369,758

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365 (a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			YES	NO
None			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
60/095,554	08/06/1998	<input type="checkbox"/>

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

## DECLARATION

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)
None			

Additional U.S. or PCT International application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Firm Name \_\_\_\_\_  Customer or label Number \_\_\_\_\_  
 List attorney(s) and/or agent(s) name and registration number below.

Name	Registration Number	Name	Registration Number
James M. Deimen	25504		

Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to:  Customer or label Number \_\_\_\_\_ OR  Fill in correspondence address below:

Name: James M. Deimen  
 Address: 320 N. Main Street  
 Address: Suite 300  
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 Country: U.S.A. Telephone: 734-994-5947 State: Michigan ZIP: 48104-1192 Fax: 734-769-2702

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:  A petition has been filed for this unsigned inventor

Given Name	Barbara	Middle Initial	J.	Family Name	Bolle	Suffix e.g. Jr.		
Inventor's Signature	BARBARA JEAN Bolle						Date	9/10/99

Residence: City: Champion State: MI Country: USA Citizenship: US

Post Office Address: P. O. Box 153

Post Office Address: \_\_\_\_\_

City	Champion	State	MI	Zip	49814	Country	USA	Applicant Authority
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Additional inventors are being named on supplemental sheet(s) attached hereto